

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STANDARD CERTIFICATE OF DEATH

JAN 2 1951

State File No. 13369

BIRTH NO. _____		REG. DIST. NO. 356		PRIMARY REG. DIST. NO. 6209		Registrar's No. 44	
1. PLACE OF DEATH a. COUNTY TEXAS b. CITY (If outside corporate limits, write RURAL and give township) PINEY c. LENGTH OF STAY (In this place) 46 yrs d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Texas c. CITY (If outside corporate limits, write RURAL and give township) 1070 PINEY SWP. 0 d. STREET ADDRESS (If rural, give location) West of Houston			
3. NAME OF DECEASED a. (First) ROSA b. (Middle) BELLE c. (Last) VANDIVORT				4. DATE OF DEATH (Month) (Day) (Year) Dec 14 1950			
5. SEX F. /		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan 1 1872	
9. AGE (In years last birthday) 78		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Wyoming Co. W. Va. /	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME J. P. Meadows		13b. MOTHER'S MAIDEN NAME Dicie		14. NAME OF HUSBAND OR WIFE William Vandivort	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Herbert Vandivort Cabool Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 4 years				443X			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from Nov 1946, to Dec 5, 1950, that I last saw the deceased alive on Dec 5, 1950, and that death occurred at 1:35 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Garrett E. Rogers, M.D.				23b. ADDRESS Cabool Mo		23c. DATE SIGNED Dec 15 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 17-50		24c. NAME OF CEMETERY OR CREMATORY Hill Crest		24d. LOCATION (City, town, or county) (State) Mtn Grove Wright Co. Mo.	
DATE REC'D BY LOCAL REG. 12-24-50		REGISTRAR'S SIGNATURE 327 Myrtie Craig		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dayland V. Elliott Cabool Mo.			

(Signed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED DEC 27 1950

Dist. File 1250-2528

Date Filed 12-27-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 2252

P. O. Address Cubool

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.